



Personnel Office Use Only

CITY OF MESQUITE PERSONNEL ACTION FORM

Employee Name: _____
Last First MI

Effective Date: _____

Evaluation Date: _____

Employee Number: _____ Department: _____ Job Title: _____

TYPE OF ACTION

- | | | | | |
|--|--|--|------------------------------------|---|
| <input type="checkbox"/> New Hire | <input type="checkbox"/> Re-employment | <input type="checkbox"/> Termination* | <input type="checkbox"/> Promotion | <input type="checkbox"/> Reclassification |
| <input type="checkbox"/> Pay-for-Performance | <input type="checkbox"/> Step Increase | <input type="checkbox"/> Status Change | <input type="checkbox"/> Transfer | <input type="checkbox"/> Retirement* |
| <input type="checkbox"/> Other: | | *Last Day Worked: | | |

STATUS

- | | | | | | |
|--|--|--|--|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Regular/Probation | <input type="checkbox"/> Management | <input type="checkbox"/> Elected | <input type="checkbox"/> Exempt | <input type="checkbox"/> Non-Exempt | <input type="checkbox"/> At-Will |
| <input type="checkbox"/> Full-Time Temporary | <input type="checkbox"/> Regular Part-Time (20+) | <input type="checkbox"/> Part-Time (-20 hrs) | <input type="checkbox"/> Part-Time Temp/Seasonal | | |

ACTIONS

	Grade	Step	Wage/Salary	Position	Dept./Division	Budget #
From:						
To:						

EXPLANATION OF ACTION

ORDER OF ROUTING

Requested by:	_____	Date: _____
	Department Director	
Recommended:	_____	Date: _____
	Personnel Manager	
Funds Available:	_____	Date: _____
	Finance Director	
Approved:	_____	Date: _____
	City Manager	

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PROCESSING	Eligibility List	Drug Test	Physical Exam	Psych Exam	Background Investigation	Hire Date	Eligible For Next Evaluation		Department Notified	Date Payroll Notified
	Date	Amount								

Remarks: